

**NC DHHS – NC DMH/DD/SAS  
Assertive Community Treatment Team  
Endorsement Check Sheet Instructions**

## **Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships.

## **Provider Requirements**

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- a (1).** Review identified documents for evidence the provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- a (2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.
- a (3).** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)
- a (4).** Review policy and procedure manuals and program descriptions for language demonstrating that services will be delivered 24 hours a day, 7 days a week and 365 days a year according to the National ACTT Standards. Review job descriptions indicating that services are to be provided 24/7/365.  
Review documentation that demonstrates ACTT services are provided 24 hours a day, 7 days a week

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and 365 days a year. Review staff schedules, on-call schedules, PCP for crisis plans and staff service notes, consumer weekly/monthly schedule card, team daily assignment sheet for evidence that large teams are providing services every evening M-F and eight hours on Saturday, Sunday and holidays. Small teams in rural areas provide evening, weekends and holiday services as needed by the individuals the team serves. On-call begins at the end of service hours, typically 9pm for large teams and 5pm for small rural teams. On-call is rotated by clinical staff meeting QP status. There is back up staff identified in the event the on-call staff needs to make a face-to-face contact. Psychiatrist is available by phone and, when possible, provides face-to-face assessment of the ACTT consumer. If another doctor is used to assess for commitment, the ACTT psychiatrist must communicate with other doctor by phone to provide continuity of care. Consumers of ACTT services should know the number to call to reach the ACTT staff and documentation on crisis plans supports this. Staff service notes and PCP verify those persons served by small team have evening, weekend and holiday services as needed.

- b.** Review policy and procedure manuals and program descriptions for language demonstrating that services will meet fidelity to the national ACTT model such as evening/weekend/holiday services scheduled for large team and as needed by small rural teams (refer to a[4] endorsement instructions); staffed with required team members with strong clinical skills; services provided in the community with holistic approach; team members conduct a comprehensive assessment on all ACT consumers using this information to develop PCP which identifies the clinical intervention will be provided to the consumer by which team member, when and where.

Review PCP, progress notes daily staff assignment sheet, weekly/monthly consumer schedule card for evidence that the team is providing fidelity ACTT services such as 24hr/7 day per week/365 days per year as outlined in national ACTT standards (refer to a[4] full endorsement instructions); staffed with required team members with strong clinical skills; services provided in the community with holistic approach; team members conduct a comprehensive assessment on all ACT consumers using this information to develop PCP which identifies the clinical intervention will be provided to the consumer by which team member, when and where.

### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the “Program/Clinical Requirements” section of the endorsement review.

- a.(1)** Review policy and procedure manual, program description, job description for psychiatrist and psychiatrist schedule for language indicating expectation that the psychiatrist role includes: assisting the team leader in providing clinical supervision to team member and monitoring of the clinical treatment of all consumers receiving ACTT services; conducts comprehensive psychiatric history, mental status and diagnosis on all consumers receiving ACTT services; attend minimally one daily staff meeting weekly; attend PCP meetings; provide individual psychiatric services to all consumers receiving ACTT services, such as medication monitoring and supportive therapy; and works enough hours to carry out all tasks and develop and maintain effective, comfortable relationship with consumers and team members. Review Psychiatrist schedule for required work hours as follows: to provide a minimum of 16 hours per week for teams serving 50 consumers or less and 32 hrs. per week for teams serving over 50 consumers. Review employment application, resume, license, certification, or other documentation for evidence of

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degree and work experience with adults with serious and persistent mental illnesses. Review supervision notes to verify psychiatrist role in clinical supervision of team members.

- a.(2).** Review program description, personnel manual, job description for program/administrative assistant and proposed schedule for language that indicates the expectation that the program/administrative assistant will be 1 FTE with experience in organizing, coordinating and monitoring of non-clinical activities of the ACTT program.  
Review job description, employment application, resume for experience in organizing, coordinating and monitoring of non-clinical activities of the ACTT program. Review proposed program/administrative assistant schedule to verify 1 FTE
- a.(3)** Review program description and job descriptions for verification of a minimum of 10 staff for a large team and 6-8 staff for a rural small team. Review program description, staff roster and consumer caseload to verify staff to consumer ratio does not exceed 1 staff to 10 consumers large team, 1 staff to 8 consumers small team. In both cases the psychiatrist and program assistance do not count in these ratios.
- a.(4)** Review program description, personnel manual, employee applications, licensure and job descriptions of all team members verifying a minimal of 10 clinical staff following the National ACTT Standards and that the Team Leader will have a master's degree in social work, nursing, psychiatric rehabilitation, or psychology or is a psychiatrist; and is licensed or certified; meets Qualified Professional status; and has documented strong clinical skills and experience providing treatment to persons with severe and persistent mental illness; and has supervisory and program management experience. Team Leader and the Psychiatrist share responsibility for clinical supervision of all team members and have supervisory notes on all ACTT members; and share in the clinical treatment of all the consumers receiving ACTT services as evidenced in planning meeting notes, morning meeting notes and staff service notes.
- a.(5)** Review program description, personnel manual, personnel file, job description, resume, and license for nurses verifying the lead nurse is a registered nurse with Qualified Professional status or be an Advanced Practice Nurse according to NCGS Chapter 90, Article 1, Subchapter 32M; and have documented skill and experience providing treatment to persons with severe and persistent mental illness. Large teams have a requirement for a second nurse which can be a registered nurse with associate professional status according to 10A NCAC 27G.0104 with documented supervisor plan by the lead nurse.. Review supervision plan and supervision notes to verify continuous supervision is provided by Team Leader and psychiatrist. Second nurse can be a registered nurse with associate professional status according to 10A NCAC 27G.0104 with documented supervisor plan and supervision notes provided by QP nurse.
- a.(6).** Review program description, personnel manual, personnel file, job description, job application, resume, license and certifications to verify staff is a substance abuse counselor, meeting CCS, CCAS or CSAC license; Qualified Professional status 10A NCAC 27G.0104; and has documented experience and skill working with persons with severe and persistent mental illness and substance abuse disorders. Review supervision plan verifying that the substance abuse counselor will receive supervision from the Team Leader and psychiatrist.
- a.(7).** Review program description, personnel manual, personnel file, job description, job application and

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certification documents to verify the Peer Support Specialist is certified or in the process of becoming certified, with documented experience working with persons with severe and persistent mental illness. Review supervision plan verifying that the substance abuse counselor will receive supervision from the Team Leader and psychiatrist.

- a.(8). Review program description, personnel manual, personnel file, job descriptions, job application, resume, license and certificates to verify that: 1 FTE will have experience and skills working with persons with severe and persistent mental illness providing vocational/rehabilitation treatment/counseling preferably having master's in rehabilitation counseling; 2 of the remaining 3 mental health professionals shall have a master's degree in social work, nursing, psychiatric rehabilitation, psychology or other related human service graduate program and have experience and skill providing treatment to persons with severe and persistent mental illness; remaining mental health professional can be a Qualified Professional with master's or bachelor level degree with experience and skill providing clinical treatment to persons with severe and persistent mental illness. Review supervision plan verifying that the substance abuse counselor will receive supervision from the Team Leader and psychiatrist.
- a.(9). Review program description, personnel manual, personnel file, job descriptions, job application, resume, license and certificates to verify that the remaining staff positions may be a bachelor or paraprofessional level with experience and skill working with persons with severe and persistent mental illness. Review supervision plan verifying that the substance abuse counselor will receive supervision from the Team Leader and psychiatrist.
- a.(10) Review program description, personnel manual, personal records, job descriptions, job applications, resumes, licenses, certifications to verify the expectation that small rural teams have a minimum of 6-8 staff plus the psychiatrist and administrative assistant. The minimum 6 staff required in order to bill for either a small or large team are: Team Leader meeting description above; 1FTE registered nurse with QP status as described above; 1FTE CCS, CCAS or CSAC meeting description above; 1FTE Peer Support Specialist as described above; 1FTE master's level qualified mental health professional as described above; the remaining mental health professional may be a master's level qualified professional or a bachelor level qualified professional. The remaining 2-4 positions can be any of the position as described above dependent on the number of consumers served over 50 and the specific needs of the consumers. For example, if have large number of consumers with substance abuse issues, the team would require more than one substance abuse counselor.
- a. (11) Review program description, personnel manual, and plan for meeting training requirements within 90 days of hire. Review training plans, training files and training certificates that verify all ACTT team members have received training in DMH/DD/SAS approved ACTT training and other components required within 90-days of hire.

**Service Type/Setting**

The elements in this section pertain to the provider's having an understanding of the Assertive Community Treatment Team Services and the service delivery system.

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- a.** Review policy and procedure manual and program descriptions with language meeting expectation that the ACTT members are to provide direct interventions to an individual in any location in the community, based on the comprehensive assessment, with the identified, scheduled interventions indicated on the PCP. Also review for language that the Team is expected to provide almost all the needed services but will refer out for such services as medical or dental. Review PCP and progress notes for evidence that the ACTT members are expected to provide direct and indirect interventions with the consumer, in any location in the community with an individual, based on the comprehensive assessment, with the identified, scheduled interventions indicated on the PCP. Staff service notes should reflect the delivery of these interventions in any community location with the consumer and indirect interventions with natural supports or needed services in the community. PCP and service notes verify that the team is providing all clinical services, referring out to services such as medical or dental.
- b.** Review policy and procedure manuals and program description for language meeting that ACTT Services will be provided anywhere in the community. Review service notes and Medicaid RA forms to verify that services are provided in the community in such locations as in the street, homeless shelters, recipient's home, etc.

**Program/Clinical Requirements**

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

- a.** Review policy and procedure manuals and program descriptions for language demonstrating that services will be provided as often as the individual consumer needs based on the comprehensive assessment, scheduled interventions identified on the PCP. Review service notes, PCP, contact log and/or claim form for evidence that each consumer has received as many contacts, from the team, as needed to remain in the community and based on the needs and wants resulting from the comprehensive assessment. Verification of contacts is found on the PCP as scheduled clinical interventions are identified from the comprehensive assessment and recorded on the consumer weekly/monthly schedule card. Staff service notes reflect that the interventions are actually provided and modified or changed as indicated by the consumer.
- b.** Review policy and procedure manuals and program descriptions for language demonstrating that services are provided aggregately, a minimum of 3 contacts per week per consumer; 80 % of these contacts will be face-to-face with the consumer and 75% in the non office-base or non facility-based. Review aggregate provider reports, PCP, service notes, consumer weekly/monthly schedule cards, staff daily assignment sheet and claim forms for aggregate of minimum of 3 contacts per week per consumer; 80 % of these contacts will be face-to-face with the consumer and 75% in the non office-base or non facility-based.
- c.** Review in policy and procedure manuals and program descriptions for language demonstrating the Qualified Professionals on the team has the lead responsibility for the development, monitoring and revising of the PCP with the involvement of the consumer, significant others and the rest of the ACTT

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members. Review PCP and service notes to verify that the Qualified Professionals on the team accepts responsibility for the development, monitoring and revising of the PCP with the involvement of the consumer, significant others and the rest of the ACTT members.

- d. Review policy and procedure manuals, program description, and proposed staff schedule and on-call schedule for the psychiatrist and those team members with Qualified Professional status indicating the team is available to provide treatment, rehabilitation and support activities 24/7/365 including crisis response wherever and when ever needed by the consumer. Policies reflect that the ACTT will carry out first responder services face-to-face within 2 hours if required or telephonically.
- Review on-call schedule, staff schedule, PCP, crisis plans, service notes reflecting that the ACTT members have provided treatment, rehabilitation and support activities 24/7/365 including crisis response where and when it has been needed by the consumer. ACTT members with Qualified Professional status will carry out first responder services face-to-face within 2 hours if required or telephonically. Psychiatric involvement is expected minimally by telephonic communication with ACTT members and other MD if indicated.

**Documentation Requirements**

All contacts for Assertive Community Treatment Team services must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

Review policy and procedure manuals and job descriptions for language demonstrating the Assertive Community Treatment Team provider will ensure service documentation is completed per Medicaid guidelines. Review documentation containing: a service note that includes the recipient's name, Medicaid ID number, date of service, purpose of contact, describes the provider's intervention, includes the time spent in performing the interventions, effectiveness of intervention, the signature and credentials of the staff providing the service. For example: Service note for John Smith MID 123-45-6789 – Mental health professional provided intervention of teaching how to plan a meal for dinner for the purpose of meeting the goal for John to live independently. MHP described the various parts of the meal and offered guidance on choosing from each food group. John was able to appropriately choose from meat and bread food groups but needed some assistance with choosing from vegetable food group. MHP offered further examples of how to pick from vegetable food group. John stated he felt he could chose from the different food groups after intervention was finished. Time 1hour. Signed Debbie Webster, BA.